



BURNS – ADULT 15 Years of Age and Older

Any burn patient meeting Burn Classifications requires expeditious packaging, communication and transportation to the closest most appropriate receiving hospital.

FIELD ASSESSMENT/TREATMENT INDICATORS

Burn Criteria and Destination Policy #8030

ADULT TREATMENT PROTOCOL: BURNS

Base Station Contact Shaded in Gray

| BLS INTERVENTIONS | LIMITED ALS INTERVENTIONS |
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| <ul style="list-style-type: none"> Assess environment and extrication as indicated Break contact with causative agent (stop the burning process) Ensure patient airway, protecting cervical spine as indicated Remove clothing and jewelry quickly, if indicated Ensure initial assessment Oxygen and/or ventilate as needed, O₂ saturation (if BLS equipped) Axial spinal stabilization as appropriate Treat other life threatening injuries Control obvious bleeding Keep patient warm Estimate % TBSA burned and depth using the "Rule of Nines" <ul style="list-style-type: none"> An individual's palm represents 1% of TBSA and can be used to estimate scattered, irregular burns Transport to ALS intercept or to the closest most appropriate receiving hospital Assemble necessary equipment for ALS procedures under direction of EMT-P and/or assemble pre-load medications as directed, excluding controlled substances | <ul style="list-style-type: none"> Advanced airway as indicated <p>Airway Stabilization: Burn patients with respiratory compromise or potential for such, will be transported to the closest most appropriate receiving hospital for airway stabilization.</p> <ul style="list-style-type: none"> Monitor ECG IV Access: Warm IV fluids when avail <p><i>Unstable:</i> BP<90mmHG and/or signs of inadequate tissue perfusion, start 2nd IV access.</p> <ul style="list-style-type: none"> IV NS 250ml boluses, may repeat to a maximum of 1000ml. <p><i>Stable:</i> BP>90mmHG and/or signs of adequate tissue perfusion.</p> <ul style="list-style-type: none"> IV NS 500ml/hour |

BLS Continued**Limited ALS Continued**

- Transport to appropriate facility:
Minor Burn Classification: transport to the closest most appropriate receiving hospital.
Moderate Burn Classification: transport to the closest most appropriate receiving hospital.
Major Burn Classification: transport to the closest most appropriate Burn Center (San Bernardino County contact ARMC).
CTP with associated burns: transport to the most appropriate trauma hospital.
- Burn patients with associated trauma, in which the burn injury poses the greatest risk of morbidity or mortality, should be **considered** for transport to the closest most appropriate Burn Center. Trauma base station contacted shall be made.

MANAGE SPECIAL CONSIDERATIONS:

Thermal Burns: Stop the burning process. Do not break blisters. Cover the affected body surface with dry, sterile dressing or sheet.

Chemical Burns: Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water.

Tar Burns: Cool with water, do not remove tar.

Electrical Burns: Remove from electrical source (without endangering self) with a nonconductive material. Cover the affected body surface with dry, sterile dressing or sheet.

MANAGE SPECIAL CONSIDERATIONS:

Electrical Burns: Place AED according to ICEMA protocols.

- Electrical injuries that result in cardiac arrest shall be treated as medical arrests.

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| <p><u>BLS Continued</u></p> <p>Eye Involvement: Continuous flushing with NS during transport. Allow patient to remove contact lenses if possible.</p> <p>Determination of Death on Scene: Refer to Protocol # 12010 AEMT, Determination of Death on Scene.</p> | <p><u>Limited ALS Continued</u></p> <p>Respiratory Distress: Use BVM as needed and transport to the nearest facility for airway control. Contact receiving hospital ASAP. Nebulized Albuterol 2.5mg with Atrovent 0.5mg, may repeat two (2) times.</p> <p>Deteriorating Vital Signs: Transport to the closest most appropriate receiving hospital. Contact base station.</p> <p>Pulseness and Apneic: Transport to the closest most appropriate receiving hospital and treat according to ICEMA policies. Contact base station.</p> <p>Determination of Death on Scene: Refer to Reference Protocol # 12010 AEMT, Determination of Death on Scene.</p> <p>Precautions and Comments:</p> <ul style="list-style-type: none"> • High flow oxygen is essential with known or potential respiratory injury. Beware of possible smoke inhalation. • Contact with appropriate advisory agency may be necessary for hazardous materials, before decontamination or patient contact. • Do not apply ice or ice water directly to skin surfaces, as additional injury will result. <p>Base Station Orders: May order additional:</p> <ul style="list-style-type: none"> • medications; • fluid boluses. |
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REFERENCE PROTOCOLS

| <u>Protocol Number</u> | <u>Protocol Name</u> |
|-------------------------------|---|
| 9010 AEMT | General Patient Care Guidelines |
| 10160 AEMT | Axial Spinal Stabilization |
| 10010/10020 AEMT | King Airway Device |
| 11070 AEMT | Adult Cardiac Arrest |
| 15030 AEMT | Trauma Triage Criteria and Destination Policy |
| 12010 AEMT | Determination of Death on Scene |

BURN CLASSIFICATIONS

| ADULT BURN CLASSIFICATION CHART | PEDIATRIC BURN CLASSIFICATION CHART | DESTINATION |
|---|--|--|
| <u>MINOR</u> – ADULT <ul style="list-style-type: none"> • < 10% TBSA • < 2% Full Thickness | <u>MINOR</u> - PEDIATRIC <ul style="list-style-type: none"> • < 5% TBSA • < 2% Full Thickness | CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL |
| <u>MODERATE</u> – ADULT <ul style="list-style-type: none"> • 10 - 20% TBSA • 2 - 5% Full Thickness • High Voltage Injury • Suspected Inhalation Injury • Circumferential Burn • Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease) | <u>MODERATE</u> - PEDIATRIC <ul style="list-style-type: none"> • 5 – 10% TBSA • 2 – 5% Full Thickness • High Voltage Injury • Suspected Inhalation Injury • Circumferential Burn • Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease) | CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL |
| <u>MAJOR</u> – ADULT <ul style="list-style-type: none"> • >20% TBSA burn in adults • > 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints | <u>MAJOR</u> - PEDIATRIC <ul style="list-style-type: none"> • > 10% TBSA • > 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints | CLOSEST MOST APPROPRIATE BURN CENTER In San Bernardino County, contact: Arrowhead Regional Medical Center (ARMC) |
| <p>“Rule of Nines”</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>Adult</p> </div> <div style="text-align: center;"> <p>Child</p> </div> </div> | | |